

APPLICATION FOR A VITAL RECORD

Instructions:

1. Type or print all information clearly.
2. Cost of certified copies is **\$10.00**
3. Sign and date application and return it with your check or money order (made payable to the Town of Jericho) to the address below. **Do not mail cash.**

RECORD REQUESTED

Type of Record	1 Birth	2 Death	3 Marriage	4 Civil Union
(circle one and fill out appropriate section)				

Name on Certificate: _____

Date of Event: _____

(1) BIRTH

Maiden name of Mother: _____ Name of Father: _____

(2) DEATH

Age at Death: _____ Date of Birth: _____

City and State of Birth: _____ Name of Spouse: _____

(3) MARRIAGE

Groom's Name: _____ Date of Birth: _____

Bride's Name: _____ Date of Birth: _____

(4) CIVIL UNION

Partner's Name: _____ Date of Birth: _____

Partner's Name: _____ Date of Birth: _____

APPLICANT INFORMATION

Name: _____ Phone: _____

Address: _____

Your relationship to the person on the certificate: _____

Intended use of the certificate: _____

Signature: _____ Date: _____